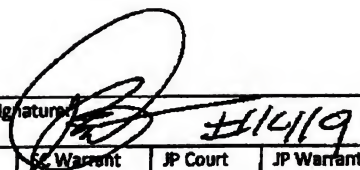


| ARREST BOOKING SHEET/PART A/PROBABLE CAUSE STATEMENT                             |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
|--|------------|---------------|---|-------------------------------|---|---|-------------|--|---|---|-----------------|---|-------------------------|---|
| Last Name  |            | First         |   | Middle                        |   | Suffix  |             | Alias, Scars   |   | Marks   |                 | Booking Number  |                         |   |
| Turner   |            | Michael       |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| Address  |            | City          |   | State/Zip                     |   | Origin  |             | Sex  |   | Hgt.  |                 | Wgt.  |                         |   |
| 217 N. 1st St.   |            | Sierra Vista  |   | Az. 85635                     |   | W   |             | M  |   | 6-04  |                 | 200   |                         |   |
| Age  |            | Date of Birth |   | Place of Birth                |   | Citizen   |             | Social Security Number   |   | Employer  |                 | Occupation  |                         |   |
| 30   |            | 3-21-88       |   |                               |   | Y   |             | 601-98-0051  |   | None  |                 |   |                         |   |
| Emergency Name and Number and Relationship to Person                             |            |               |   |                               |   |   |             | Address  |   |   |                 |   |                         |   |
| F.B.I. Number  |            |               |   |                               |   |   |             | State ID Number  |   |   |                 | Driver's License No. and State  |                         |   |
|  |            |               |   |                               |   |   |             |  |   |   |                 | D03396154 Az.   |                         |   |
| Arresting Agency   |            |               |   | Arrest Date                   |   | Arrest Time   |             | DR Number  |   | Location of Arrest  |                 |   |                         |   |
| CCSO   |            |               |   | 12-5-18                       |   | 2033  |             | 18-42230   |   | 217 N. 1st St.  |                 |   |                         |   |
| Arresting Officer's Name and Number  |            |               |   |                               |   | Transporting Officer  |             |  |   | Location of Occurrence  |                 |   |                         |   |
| Det. R. Olmstead 1419  |            |               |   |                               |   | Dep. Gilbert  |             |  |   | SAA   |                 |   |                         |   |
| 1. Did defendant attempt to avoid or resist arrest?                              |            |               | 2. Was defendant armed at time of offense?                          |                               |   | 3. Was anyone injured or threatened with person injury by defendant during the course of the offense? |             |  | 4. Was defendant armed at time of arrest?                           |   |                 | 5. Has defendant admitted involvement in the offense?                       |                         |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |            |               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |             |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                         |   |
| 6. Has defendant made any threats against potential witnesses?                   |            |               | 7. Is defendant considered a flight risk?                           |                               |   | 8. Was evidence of the offense found in defendant's possession?                                       |             |  | 9. Does the State oppose an unsecured release at this time?         |   |                 | 10. Defendant is pursuant to  |                         |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |            |               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                               |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                   |             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                 | <input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Summons |                         |   |
|  |            |               |   |                               |   |   |             |  |   |   |                 | <input type="checkbox"/> Warrant  |                         |   |
| 11. Was Property Taken or Destroyed?   |            |               |   |                               |   | 12. Is there any indication defendant is  |             |  |   | 13. List any other charges outstanding against the defendant.       |                 |   |                         |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Value? _____ |            |               |   |                               |   | <input type="checkbox"/> an alcoholic <input type="checkbox"/> an addict                              |             |  |   |   |                 |   |                         |   |
| Has it been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |               |   |                               |   | <input type="checkbox"/> mentally disturbed   |             |  |   |   |                 |   |                         |   |
| Is this being submitted as a 48-hour complaint?                                  |            |               |   |                               |   | Explain YES answers to questions 1 - 13   |             |  |   |   |                 |   |                         |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| IF SHOPLIFTING - ITEM TAKEN:   |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| OFFICER'S STATEMENT OF PROBABLE CAUSE:   |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| To: JUDGE Dickerson COURT: 5 (INCLUDING ALL ELEMENTS OF WHO/WHAT/WHEN/WHERE/HOW) |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| "See attached"   |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| Print Officer Name and Badge # Det. R. Olmstead 1419                             |            |               |   |                               |   |   |             | Officer's signature  #1419 |   |   |                 |   |                         |   |
| JP Court   | JP Warrant | SC Div        | SC Warrant  | JP Court                      | JP Warrant  | SC Div  | SC Warrant  | JP Court   | JP Warrant  | SC Div  | SC Warrant      | JP Court  | JP Warrant              |   |
| 5  |            |               |   | 5                             |   |   |             |  |   |   |                 |   |                         |   |
| Charge Description   |            |               | Cnts  | Charge Description            |   |   | Cnts        | Charge Description   |   |   | Cnts            |   |                         |   |
| Poss. of Marijuana   |            |               | 1   | Poss. of Drug Para.           |   |   | 6           |  |   |   |                 |   |                         |   |
| Violation of Code/Sec: A.R.S.  |            |               | Compl No.   | Violation of Code/Sec: A.R.S. |   |   | Compl No.   | Violation of Code/Sec: A.R.S.  |   |   | Compl No.       |   |                         |   |
| 13-3405A1  |            |               |   | 13-3415A                      |   |   |             |  |   |   |                 |   |                         |   |
| Why released & Receipt   |            |               | Released by:  |                               | Why released & Receipt  |   |             | Released by:   |   | Why released & Receipt  |                 | Released by:  |                         |   |
| Date Released  |            |               | F   | M                             | Date Released   |   |             | F  | M   | Date Released   |                 |   | F                       | M |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |            |               |   |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |             |  |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                 |   |                         |   |
| Date Booked  |            |               | Time  | Day                           | Booking Officer   |   |             | Hold   |   |   | Booking Officer |   |                         |   |
|  |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| DR No:   |            |               |   |                               | DR No:  |   |             |  |   | DR No:  |                 |   |                         |   |
|  |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |
| Vehicle Color  |            |               | Year  | Make and Model                |   |   | License No. |  |   | State   |                 |   | Disposition of vehicle: |   |
|  |            |               |   |                               |   |   |             |  |   |   |                 |   |                         |   |

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|  |  |   |            |  |  |   |            |  |  |   |            |
|--|--|---|------------|--|--|---|------------|--|--|---|------------|
| JP Court<br>5                              | JP Warrant   | SC Div  | SC Warrant | JP Court<br>5                                      | JP Warrant   | SC Div  | SC Warrant | JP Court<br>5  | JP Warrant   | SC Div  | SC Warrant |
| Charge Description<br>Poss. of Marijuana   |  |   | Cnts<br>1  | Charge Description<br>Conspiracy/Sale Dang Drug    |  |   | Cnts<br>1  | Charge Description<br>Use of a Building to Sell Drug |  |   | Cnts<br>1  |
| Violation of Code/Sec: A.R.S.<br>13-3405A1 |  |   | Compl No.  | Violation of Code/Sec: A.R.S.<br>13-1003/13-3407A2 |  |   | Compl No   | Violation of Code/Sec: A.R.S.<br>13-3421A            |  |   | Compl No.  |
| Why released & Receipt                     |  | Released by:  |            | Why released & Receipt                             |  | Released by:  |            | Why released & Receipt                               |  | Released by:  |            |
| Date Released                              | F <input checked="" type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            | Date Released                                      | F <input checked="" type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            | Date Released  | F <input checked="" type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Date Booked                                | Time   | Day   | Badge #    | Booking Officer                                    |  | Hold  |            | Booking Officer Signature                            |  |   |            |
| DR No:                                     |  |   |            | DR No:   |  |   |            | DR No:   |  |   |            |

|                               |   |  |            |                               |   |  |            |                               |   |  |            |
|-------------------------------|---|--|------------|-------------------------------|---|--|------------|-------------------------------|---|--|------------|
| JP Court                      | JP Warrant  | SC Div   | SC Warrant | JP Court                      | JP Warrant  | SC Div   | SC Warrant | JP Court                      | JP Warrant  | SC Div   | SC Warrant |
| Charge Description            |   |  | Cnts       | Charge Description            |   |  | Cnts       | Charge Description            |   |  | Cnts       |
| Violation of Code/Sec: A.R.S. |   |  | Compl No.  | Violation of Code/Sec: A.R.S. |   |  | Compl No   | Violation of Code/Sec: A.R.S. |   |  | Compl No.  |
| Why released & Receipt        |   | Released by:   |            | Why released & Receipt        |   | Released by:   |            | Why released & Receipt        |   | Released by:   |            |
| Date Released                 | F <input type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No |            | Date Released                 | F <input type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No |            | Date Released                 | F <input type="checkbox"/> M <input type="checkbox"/> | Narc/Drug <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Date Booked                   | Time  | Day  | Badge #    | Booking Officer               |   | Hold   |            | Booking Officer Signature     |   |  |            |
| DR No:                        |   |  |            | DR No:                        |   |  |            | DR No:                        |   |  |            |

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